



333 Broadway – Winnipeg MB R3C 4W3  
 Telephone (204) 954-4922 – Fax (204) 954-4999  
 Outside Winnipeg Call Toll Free 1 (800) 362-3340  
 Toll Free Fax 1 (877) 872-3804  
 ReviewOffice@wcb.mb.ca

## Request for Review

Employer or  Representative

This form is to ask for a review of a benefits decision you have received in a letter from the WCB. Please attach any new information for the review.

You and the worker have a right to see and respond to information related to a review of a claim. You and the worker will be notified by mail of the Review Office's decision and reasons.

For more information, see Policy 21.00 *Review Office* on the WCB website at [www.wcb.mb.ca](http://www.wcb.mb.ca) or call the Review Office at (204) 954-4669 or toll free 1 (800) 362-3340, extension 4669.

Worker Name	Claim Number
<p>I do not agree with the WCB decision in a letter dated _____ that stated:</p> <p><input type="checkbox"/> The claim was accepted.</p> <p><input type="checkbox"/> A late reporting penalty was applied.</p> <p><input type="checkbox"/> Wage loss benefits were paid beyond _____. [day/month/year]</p> <p><input type="checkbox"/> My request for cost relief was denied in a written decision.</p> <p><input type="checkbox"/> Other (please explain)_____.</p>	

My reasons for not agreeing with the decision are:

Send a copy of claim file information relevant to the above decision(s).

Please sign and mail or fax to:  <b>Review Office</b> <b>333 Broadway</b> <b>Winnipeg, MB R3C 2X4</b>  <b>Fax: (204) 954-4999</b>  <b>Toll Free Fax: 1 (877) 872-3804</b>	Employer Address		
	City	Province	Postal Code
	Authorized Signature	Date	
	Representative Name (please print)		